



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name <b>Bob Smith for <del>County</del> Council</b>	
2. Acronym or Abbreviated Name (if any) <b>City</b>	3. Committee Telephone Number ( )
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <b>425 Senhatch Dr.</b>	
5. City, State, ZIP Code <b>Westfield, IN. 46074</b>	6. Party Affiliation (if applicable) <b>REPUBLICAN</b>

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname) <b>Robert J. Smith (Bob Smith)</b>	8. Party Affiliation or If Independent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <b>Westfield City Council</b>	10. County of Residence <b>Hamilton</b>

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input checked="" type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period: From: <b>1-20-10</b> Through: <b>4-8-10</b>	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<b>63.21</b>	
14. Cash on hand and investments January 1, current year.		<b>-0-</b>

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)	<b>-0-</b>	<b>-0-</b>
15b. Unitemized	<b>-0-</b>	<b>-0-</b>
15c. Add lines 15a and 15b in both columns	<b>-0-</b>	<b>-0-</b>
SUBTOTAL	<b>-0-</b>	<b>-0-</b>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<b>63.96</b>	
TOTAL	<b>63.96</b>	

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<b>-0-</b>	<b>-0-</b>
17b. Unitemized	<b>63.96</b>	<b>63.96</b>
17c. Add lines 17a and 17b in both columns	<b>63.96</b>	<b>63.96</b>
SUBTOTAL	<b>63.96</b>	<b>63.96</b>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<b>-0-</b>	<b>-0-</b>
TOTAL	<b>-0-</b>	<b>-0-</b>
19. Debts OWED BY the committee (use Schedule D)	<b>-0-</b>	
20. Debts OWED TO the committee (use Schedule E)	<b>-0-</b>	

CERTIFICATION

THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE:

Title <b>TREASURER</b>	Date
	Date

copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly  
13) A person who fails to file a complete or accurate report as required by the Indiana  
14-1-14) and may be subject to civil penalties. (IC 3-9-4-16 IC 3-9-4-17 IC 3-9-4-18)

FOR OFFICE USE ONLY  
APR -9 AM 11:09  
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